

[Get Access](#) [Share](#)[Export](#)  
Journals & Books[Create account](#)[Sign in](#)

## Pain

Volume 105, Issues 1–2, September 2003, Pages 71–78

# Controlled-release oxycodone relieves neuropathic pain: a randomized controlled trial in painful diabetic neuropathy

C. Peter N Watson <sup>a</sup>  , Dwight Moulin <sup>b</sup>, Judith Watt-Watson <sup>a</sup>, Allan Gordon <sup>c</sup>, John Eisenhoffer <sup>d</sup><sup>a</sup> University of Toronto, Toronto, ON, Canada<sup>b</sup> London Regional Cancer Centre, London, ON, Canada<sup>c</sup> Wasser Pain Management Centre, Mount Sinai Hospital, Toronto, ON, Canada<sup>d</sup> Purdue Pharma, Pickering, ON, Canada

Received 18 September 2002, Revised 24 March 2003, Accepted 31 March 2003, Available online 24 July 2003.

[Show less](#)[https://doi.org/10.1016/S0304-3959\(03\)00160-X](https://doi.org/10.1016/S0304-3959(03)00160-X)[Get rights and content](#)

## Abstract

**Background:** Painful [neuropathy](#) is one of the most common long-term complications of [diabetes mellitus](#) and often proves difficult to relieve.

**Methods:** Patients with [diabetic neuropathy](#) with moderate or greater pain for at least 3 months, were evaluated for efficacy, safety and health-related quality of life (QOL) while receiving controlled-release (CR) [oxycodone](#) (OxyContin<sup>®</sup>) or active placebo. Patients underwent washout from all [opioids](#) 2–7 days before [randomization](#) to 10 mg CR oxycodone or active placebo (0.25 mg benztropine) q12h. The dose was increased, approximately weekly, to a maximum of 40 mg q12h CR oxycodone or 1 mg q12h [benztropine](#), with crossover to the alternate treatment after a maximum of 4 weeks. [Acetaminophen](#), 325–650 mg q4–6h [prn](#) was provided as rescue.

years). CR oxycodone resulted in significantly lower ( $P=0.0001$ ) mean daily pain ( $21.8\pm 20.7$  vs.  $48.6\pm 26.6$  mm VAS), steady pain ( $23.5\pm 23.0$  vs.  $47.6\pm 30.7$  mm VAS), brief pain ( $21.8\pm 23.5$  vs.  $46.7\pm 30.8$  mm VAS), skin pain ( $14.3\pm 20.4$  vs.  $43.2\pm 31.3$  mm VAS), and total pain and disability ( $16.8\pm 15.6$  vs.  $25.2\pm 16.7$ ;  $P=0.004$ ). Scores from 6 of the 8 SF-36 domains and both summary scales, Standardized Physical Component ( $P=0.0002$ ) and Standardized Mental Component ( $P=0.0338$ ) were significantly better during CR oxycodone treatment. The number needed to treat to obtain one patient with at least 50% pain relief is 2.6 and clinical effectiveness scores favoured treatment with CR oxycodone over placebo ( $P=0.0001$ ).

Conclusion: CR oxycodone is effective and safe for the management of painful diabetic neuropathy and improves QOL.

 Previous

Next 

## Keywords

Oxycodone; Controlled-release; Analgesia; Non-cancer pain; Diabetic neuropathy; Neuropathic pain; Quality of life

[Recommended articles](#)

[Citing articles \(419\)](#)

Copyright © 2003 International Association for the Study of Pain. Published by Elsevier B.V. All rights reserved.

**ELSEVIER** [About ScienceDirect](#) [Remote access](#) [Shopping cart](#) [Advertise](#) [Contact and support](#)  
[Terms and conditions](#) [Privacy policy](#)

We use cookies to help provide and enhance our service and tailor content and ads. By continuing you agree to the [use of cookies](#).

Copyright © 2019 Elsevier B.V. or its licensors or contributors. ScienceDirect® is a registered trademark of Elsevier B.V.

 RELX™